## Gerard de Lairesse: genius among the treponemes

Horton A Johnson MD

J R Soc Med 2004;97:301-303

Throughout history many an eminent career has ended in syphilis, but the brilliant career of Gerard de Lairesse (1641–1711) began in syphilis.

de Lairesse was a draughtsman, theatrical set designer, lecturer, writer, theoretician, and perhaps the most celebrated Dutch painter in the years following the death of Rembrandt. It is generally accepted that he suffered from congenital syphilis. That diagnosis has been based almost entirely upon a portrait by Rembrandt in the Lehman Collection of the Metropolitan Museum of Art (Figure 1). Yet, as he painted the portrait, Rembrandt did not realize that he was labelling his younger colleague with syphilis, because at that time the characteristic facial deformities of late congenital syphilis were not recognized and would remain unknown for another 200 years.

The portrait was painted in 1665, when de Lairesse was 24 and Rembrandt was 59. The painting is typical of Rembrandt's late portraits with its broad brush strokes, heavy paint, and soft, dark colours. Rembrandt has pictured the unattractive young man in a sympathetic, dignified, but honest way. One hesitates to make an unqualified diagnosis in the absence of serological backup, but so true were the eye and hand of Rembrandt that the portrait could well serve as an illustration for Sir William Osler's description of the stigmata of late congenital syphilis:

'Growth is slow, development tardy, and there are facial and cranial characteristics which often render the disease recognizable at a glance. A young man of nineteen or twenty may neither look older or be more developed than a boy of ten or twelve. Fournier describes the condition as *infantilism*. The forehead is prominent, the frontal eminences are marked, and the skull may be asymmetrical. The bridge of the nose is depressed, the tip retroussé. The lips are often prominent, and there are striated lines running from the corners of the mouth.'2

Borroni<sup>3</sup> has listed the syphilitic stigmata that he identified in the Rembrandt portrait as '(a) frontal bossae of Parrot, (b) short maxillae, (c) a saddle nose, (d) a relative protruding jaw, and (e) probable rhagades radiating from the corners of the eyes and mouth.' de Lairesse's later self-



Figure 1 Rembrandt's Portrait of de Lairesse [The Metropolitan Museum of Art, Robert Lehman Collection, 1975]

portrait (1676) in the Uffizi Gallery shows similar but less pronounced abnormalities.

de Lairesse's misshapen face disturbed his contemporaries. One of them, Arnold Houbraken (1660–1719), wrote that when the artist first arrived in Amsterdam in 1665, two colleagues 'gazed at him in horror because of his nauseating appearance', but judged that since the facial deformity had been present since childhood it could not have been due to syphilis.<sup>4</sup> Three recent biographers<sup>5–7</sup> make no mention of his irregular appearance having been attributed to syphilis during his lifetime.

At the time of the portrait syphilis was poorly understood, and the late manifestations of both the acquired and congenital forms of the disease were entirely unknown. Paracelsus, in 1529, had recognized 'inherited syphilis', but this was the mucocutaneous syphilis of the newborn, limited to infancy and commonly thought to be acquired from a wet nurse.<sup>8</sup> Not until late in the 19th century was it recognized that acquired maternal syphilis could cross the placenta to infect the fetus, could interfere with the development of the bones of the face and skull, and could result in a deformity prominent in adulthood. The characteristic facies of late congenital syphilis was first associated with the disease in 1858, when Sir Jonathan Hutchinson read a paper 'On the

means of recognizing the subjects of inherited syphilis in adult life' at a meeting of the British Medical Association:

'First among the peculiarities by which these patients may be identified is the *tout ensemble* of the physiognomy. A pale earthy complexion, a thick pitted skin, a sunk and flattened nose, and scars of old fissures about the angles of the mouth often give the countenance so much of peculiarity that the condition may be recognized at a glance. The opinion is usually borne out by observing further that the subject is of short stature, has a large protuberant forehead and a heavy aspect.'9

It was not until 1913 that Dr J H Hanken first recognized the face in Rembrandt's portrait as that of a victim of congenital syphilis. <sup>10</sup>

What de Lairesse lacked in physical good looks was well compensated by his attractive personality, talent, and intellect, for he was the darling of women, colleagues, wealthy patrons, and students. He first studied art in Liège, where he had been born into an artistic family. A stormy love affair forced him to leave his hometown in 1664. He eventually settled in Amsterdam with his wife and family. (His two sons, Abraham and Jan, would themselves become painters of note.) His success was almost immediate, and he was soon painting monumental historical, allegorical, and mythological works for the walls and ceilings of palaces. Known as 'the Dutch Poussin' for his classical French style and taste, he travelled in intellectual circles and appealed to the élite, the connoisseurs, and the aristocrats. In a sharp departure from the Dutch painters of the Golden Age, he found Apollo and Aurora (Figure 2) more worthy subjects than the ordinary milkmaids and lace makers of Vermeer. His broad range of talent included music, poetry, and the theatre, and he designed highly successful stage sets for the Theatre of Amsterdam.



Figure 2 de Lairesse's Apollo and Aurora [The Metropolitan Museum of Art, Gift of Manuel E and Ellen G Rionda, 1943]



Figure 3 One of de Lairesse's anatomical drawings in Bidloo's Anatomica Humani Corporis [courtesy of the University of Glasgow Library]

de Lairesse was also a fine draughtsman. In 1685 Govard Bidloo, who would later become professor of medicine and surgery at the University of Leiden, published his *Anatomia Humani Corporis* with 105 plates by de Lairesse. Probably the finest anatomical drawings since the *Fabrica* of Vesalius 150 years earlier, they portrayed actual dissection scenes realistically rather than diagrammatically and often with a touch of humour (Figure 3). His drawings involved him as an innocent third party in a famous medical controversy documented by Dumaitre.<sup>11</sup>

In 1698 Bidloo's book, somewhat modified, appeared in England over the name of the great English surgeon William Cowper. Cowper had bought the 105 engraved copper plates of de Lairesse's beautiful drawings from Bidloo's publisher and had added 9 of his own. He had rewritten the text in English and brought out his own edition without the least mention of Bidloo or de Lairesse. In what appears to have been blatant plagiarism, Cowper simply replaced Bidloo's name with his own on the cartouche of de Lairesse's elaborate frontispiece; and, on the title page, where Bidloo had given full credit to de Lairesse, Cowper wrote, 'with figures drawn after the life by some of the best masters in Europe'. Bidloo brought this matter before the Royal Society, leading to a bitter exchange of vitriolic writings.

In 1690, at age 49, de Lairesse became blind. One wonders if this might have been due to interstitial keratitis, although that late complication of congenital syphilis usually becomes clinically evident around puberty and is rare after the age of 25.<sup>12</sup> Biographers imply that de Lairesse became totally blind, whereas interstitial keratitis may or may not lead to a permanent clouding of the cornea but rarely to complete opacity.<sup>12</sup>

Blindness forced him to quit his career as an artist, whereupon he immediately found success as a lecturer and writer on the theory of art. In 1701 he published his Grondlegginge ter Teckenkonst (Foundations of Drawing). His Het Groot Schilderboek (The Great Book of Painting) in 1707 went through several printings and is one of the most important pieces of early Dutch literature on art. de Lairesse was quick to find fault with the traditional Dutch art of the 17th century, its often vulgar subject matter, its lack of decorum in dressing classical figures in contemporary clothes, its lack of fine linearity. He was a disciplined intellectual, inspired by the notion that only correct theory could produce good art. For him theory meant the strict adherence to rules. The ultimate purpose of the visual arts was the improvement of mankind, and therefore art must, above all, be lofty and edifying. He set forth hierarchies of social status, of subject matter, of beauty itself. The artist, he said, must learn grace by mingling with the social and intellectual élite, must allow his subject matter to teach the highest moral principles, and must strive for ideal beauty. He must follow closely upon nature but overlook its imperfections. For example, 'If we have ugly teeth, we should keep our mouths shut'13. (In the Rembrandt portrait his mouth is shut. Was he hiding Hutchinsonian teeth?) He must not allow idiosyncrasies to develop into a personal style that might distract from the content of a painting. de Lairesse stressed that the artist should keep his brush technique fine and clear and should not, like Rembrandt, allow the paint to run down the canvas 'like muck' (gelyk drek). 13

The career of de Lairesse is remarkable evidence that an *in utero* infection by *Treponema pallidum*, while severe enough to distort the facial and cranial development, can at the same time respect the blood-brain barrier, sparing completely the nearby central nervous system. Neurosyphilis is no more common in congenital syphilis than in the acquired form of the disease and is usually manifested by the onset of general paresis about the time of adolescence.<sup>14</sup>

Only 40–60% of newborns with congenital syphilis show evidence of spirochaetes in the cerebrospinal fluid. <sup>15</sup> de Lairesse was one of the fortunate ones.

Celebrated during his lifetime and well into the 18th century, he was berated during the 19th century. With or without justification, he was considered superficial and effete, and was held in large part responsible for the decline in Dutch painting. Two hundred years after his death in 1711 the *Encyclopaedia Britannica*, 11th Edition (1911) gave no listing at all for de Lairesse, while devoting four pages of solid text to Rembrandt. The refined, edifying, and élitist art of the former had been completely overshadowed by the bourgeois painter who, brushing 'muck' on the canvas, had immortalized the luetic face of Gerard de Lairesse.

## REFERENCES

- 1 Schama S. Rembrandt's Eyes. New York: Alfred A Knopf, 1999:696
- 2 Osler W. The Principles and Practice of Medicine (1892). Facsimile reprint. Birmingham, AL: Classics of Medicine Library, 1978:171
- 3 Borroni G. A case of late congenital syphilis at the Metropolitan Museum of Art, New York. *Am J Dermatopathol* 1988;**10**:448–50
- 4 Haverkamp-Begemann E. In: Sterling C, Ainsworth MW, Talbot C, et al. The Robert Lehman Collection II, Fifteenth- to Eighteenth-Century European Paintings. New York: Metropolitan Museum of Art, 1998:144
- 5 Timmers JJM. Gerard Lairesse. Amsterdam: HJ Paris, 1942
- 6 Roy A. Gerard de Lairesse. Paris: Arthena, 1992
- 7 De Vries L. Gerard de Lairesse: An Artist Between Stage and Studio. Amsterdam: University Press, 1998
- 8 Dennie CC. A History of Syphilis. Springfield IL: Charles C Thomas, 1962:73
- Oriel JD. The Scars of Venus: A History of Venereology. London: Springer-Verlag, 1994:65
- 10 Schmidt-Degener F. Le portrait de Gérard de Lairesse par Rembrandt. L'art flamand et hollandaise 1913;19:97–108
- 11 Dumaitre P. Le Curieuse Destines des Planches Anatomiques de Gerard de Lairesse. Amsterdam: Rodopi, 1982
- 12 Dennie CC, Pakula SF. Congenital Syphilis. Philadelphia: Lea and Febiger, 1940:149
- 13 de Lairesse G. Het Groot Schilderboek, 2nd edn. Harlem: Marshoorn, 1740
- 14 Merritt HH, Adams RD, Solomon HC. Neurosyphilis. New York: Oxford University Press, 1946
- 15 Michelow IC, Wendel GD, Norgard MV, et al. Central nervous system infection in congenital syphilis. N Engl J Med 2002;346:1792–98